Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1548-0047 2013

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.ire.gov/form990. Open to Publication

A	For th	a 2013 calendar year, or tax year beginning and ending	
В	Check if	C Name of organization	D Employer identification number
٦	Addre	ATLANTIC LEGAL FOUNDATION	
	Name	AMIANMIC I ECAI ECHNOAMION INC	. 23-2022920
	Initial return	Number and street (or P O box if mall is not delivered to street address) Room/st	
	Termi		914-834-3322
	Amen retum Applic tion	City or town, state or province, country, and ZIP or foreign postal code LARCHMONT, NY 10538	G Gross receipts \$ 406,696. H(a) is this a group return
	pendi	F Name and address of principal officer:WILLIAM H. SLATTERY	for subordinates? Yes X No
	-	SAME AS C ABOVE	H(b) Are all subordinates included? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no) 4947(a)(1) or :: te: ► WWW.ATLANTICLEGAL.ORG	527 If "No," attach a list. (see instructions)
		· · · · · · · · · · · · · · · · · · ·	ear of formation: 1977 M State of legal domicile: PF
	art I	Summary	
92	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ $\overline{ ext{MISS}}$	ION OF THE ATLANTIC
Activities & Governance	1	LEGAL FOUNDATION IS TO ADVANCE THE RULE OF L	AW BY ADVOCATING LIMITED
٤	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of m	
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3
•₹	4	Number of Independent voting members of the governing body (Part VI, line 1b)	4 29
<u>.8</u>	5	Total number of Individuals employed in calendar year 2013 (Part V, line 2a)	5
Ž	6	Total number of volunteers (estimate if necessary)	6 58
₹	1	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0 .
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34	
	1		Prior Year Current Year
ē	8	Contributions and grants (Part VIII, line 1h) , , , , ,	443,015. 370,122.
Revenue	9	Program service revenue (Part VIII, line 2g)	0. 0.
Ž	10	Investment Income (Part VIII, column (A), lines 3, 4, and 7d)	668. 399.
_	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	029,108.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	443,683. 341,413.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
Š		Salaries, other compensation, employee benefits (Part-IX, column (A), lines 5-10)	334,450. 332,499.
Expenses		Professional fundraising fees (Part IX, column (A), Infe (e)	0. 0.
<u>유</u>		Total fundralsing expenses (Ran IX, column (D), line 25) 66,035.	
_		Other expenses (Part IX, column (A), Ines 11a-11d, 11f-24e)	163,752. 156,235.
		Total expenses. Add lines 13-17 (must equal Pan IX Column (A) line 25)	498,202. 488,734.
- 0	19	Revenue less expenses. Subtract-line 18 from line 12	-54,519147,321.
Assets or Balances		UGDEN, UT	Beginning of Current Year End of Year
Sag	20	Total assets (Part X, line 16)	373,591. 186,846.
Net A		Total liabilities (Part X, line 26)	70,190. 30,766.
		Net assets or fund balances. Subtract line 21 from line 20 Signature Block	303,401. 156,080.
		······································	A
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	· · · · · · · · · · · · · · · · · · ·
tina	COTTEC	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer nas any knowledge
61-	_	Signature of officer	Date _
Sig		WILLIAM H. SLATTERY, PRESIDENT	all Int, 7, 2014
Her	Ð	Type or print name and title	1, 2819
			Date Check PTIN
Palo		Print/Type preparer's name GARRETT M. HIGGINS	06/30/14 sell employed P00543209
	arer	Firm's name O'CONNOR DAVIES, LLP	0 = 0 = 0 0 0 0 0 =
	Only	Firm's address 665 FIFTH AVENUE	Firm's EIN ▶ 27-1728945
230		NEW YORK, NY 10022	Phone no (212)286-2600
Mar	the II	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
	01 10-2		Form 990 (2013
JJZU		EE SCHEDULE O FOR ORGANIZATION MISSION STATE.	

	990 (2013) ATLANTIC LEGAL FOUNDATION 23-20	<u> 22920</u>	<u> </u>	age 3
Pai	t IV Checklist of Required Schedules			
			Yes	No
1	'Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		l	
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		J]
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection for the organization engage in lobbying activities, or have a section 501(h) election in effection for the organization engage in lobbying activities, or have a section 501(h) election in effection for the organization engage in lobbying activities, or have a section 501(h) election in effection for the organization engage in lobbying activities, or have a section 501(h) election in effection for the organization engage in lobbying activities, or have a section 501(h) election in effection for the organization engage in lobbying activities.		•	,,
	during the tax year? If "Yes," complete Schedule C, Part II	4	 -	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			- T
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_	 	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Par	† / 6_	 	A
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	 	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8	\vdash	<u> </u>
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	i	х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permaner			 -
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	n 10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	Í		,
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		٦,	1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	405		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174	 	
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1.12	 -	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	1	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	L	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	ļ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		

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complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule ${\cal H}$

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Part IV | Checklist of Required Schedules (continued)

			Yes	NO
21	'Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21		х
~~	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	 		 -
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		i	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	, ,		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	,		. 1
_	instructions for applicable filing thresholds, conditions, and exceptions)	ž	à	x
_		28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
•	contributions? If "Yes," complete Schedule M	30	i	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	⊢≕		
•	If "Yes," complete Schedule N. Part I	31	ĺ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			-
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		I	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization]	1	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	
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rai	Check if Schedule O contains a response or note to any line in this Part V			
	Check is Schedule of Contains a response of hote to any line in this rail v		Yes	No
	5 to the contract of a Band of Farm 4000 Edward or death and bankles		res	NO
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable In Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
þ				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	 10	-	'
•	(gambling) winnings to prize winners?	1c_		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			l .
	filed for the calendar year ending with or within the year covered by this return [2a] 4		X	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		 ^
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		\vdash
6a				x
	any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		"X	1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	X	\vdash
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	/0		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		X
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x ~
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		\vdash
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	' "		<u> </u>
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	,		, No.
а	Did the organization make any taxable distributions under section 4966?	9a	′	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		$\overline{}$
10	Section 501(c)(7) organizations. Enter:	<u> </u>		
а	Initiation fees and capital contributions included on Part VIII, line 12			- *
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			,
11	Section 501(c)(12) organizations. Enter			:
а	Gross income from members or shareholders			,
ь	Gross income from other sources (Do not net amounts due or paid to other sources against	- /		1
	amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			\sqcap
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ľ	ĺ	i
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			,
b	Enter the amount of reserves the organization is required to maintain by the states in which the			;
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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23-2022920 ATLANTIC LEGAL FOUNDATION Page 6 Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 30 1a 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 29 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? $\overline{\mathbf{x}}$ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 $\overline{\mathbf{x}}$ 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? X 14 14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent

persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

a The organization's GEO, Executive Director, or top management official

Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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3	ヒし	·LI	UH	v.	DIS	U	usu	16

17	List the states with which a copy of this Form 990 is required to be filed	►CA	.,MD	.NJ	.NY	, PA	, WV	.CT.N	ſΑ.	V

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.

Own website X Another's website X Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization ROSEMARY L. WEBBER "ACCOUNTANT" - (717)653-5920

1537 EMERSON DRIVE, MOUNT JOY, PA 17552

332006 10-29-13

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X

X

15a

15b

16a

16b

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

X

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Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and Title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of	
	week			ss person is both an ad a director/trustee)				from	from related	other	
	(list any	director					ŀ	the	organizations	compensation	
	hours for	or diffe				ated		organization	(W-2/1099-MISC)	from the	
	related	ustee	truste		 g	Suadi		(W-2/1099-MISC)		organization	
	organizations below	ual tr	bonal		ploy.	ot con	_			and related organizations	
	line)	Indiwdual trustee	institutional trustee	Officer	Key employee	Highest compensated employee	Ē			organization o	
(1) WILLIAM H. SLATTERY	40.00	-	-		_		<u> </u>				
PRESIDENT AND DIRECTOR		X		X				87,600.	0.	2,142	
(2) HAYWARD D. FISK	2.50										
CHAIRMAN OF THE BOARD		X		X				0.	0.	0	
(3) DOUGLAS FOSTER	1.00										
VICE CHAIRMAN		X		X				0.	0.	0	
(4) DAVID E. WOOD	1.00										
TREASURER AND DIRECTOR		X		X				0.	0.	0	
(5) AUGUSTUS I. DUPONT	1.00										
SECRETARY AND DIRECTOR		X		X				0.	0.	0	
(6) NEVIN SANLI	1.00				1		l	_	_	_	
DIRECTOR & ASST.TREASURER		X		X	<u> </u>	<u> </u>		0.	0.	0	
(7) TRACY A. BACIGALUPO	1.00	┨									
DIRECTOR		X	_		_		<u> </u>	0.	0.	0	
(8) THOMAS E. BIRSIC	1.00	۱			l					•	
DIRECTOR		Х	_		ļ	<u> </u>		0.	0.	0	
(9) MARCY S, COHEN	1.00	١.,				ŀ	ŀ		_		
DIRECTOR	1 00	X			<u> </u>	<u> </u>	_	0.	0.	0	
(10) WILLIAM P. COOK	1.00	ļ.,			1	Ì			•		
DIRECTOR	1 00	X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0	
(11) GEORGE S. FRAZZA	1.00	x						0.	0.	0	
DIRECTOR (12) WILLIAM H. GRAHAM	1.00	1	-		-	├	\vdash	0.	0.	0	
RESIGNED 11/5/13	1.00	X			•			0.	0.	0	
(13) DONALD M. GRAY	1.00	<u> </u>			-		-	· · ·	0.		
DIRECTOR	1.00	X						0.	0.	0 .	
(14) ROBERT L. HAIG	1.00	<u> </u>	-		-	╁	-		- 0.		
DIRECTOR	1.00	x				ł		0.	0.	0.	
(15) STEPHEN J. HARMELIN	1.00	 **			-	\vdash	╁╌		<u></u>		
DIRECTOR	1 2,30	X			1			0.	0.	0	
(16) JOE G. HOLLINGSWORTH	1.00	⇈	-		\vdash	一	\vdash				
DIRECTOR		x						0.	0.	0	
(17) R. WILLIAM IDE	1.00										
RESIGNED 7/15/13		x				-	l	0.	0.	0 .	

332007 10-29-13

Form **990** (2013)

Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st (Compensated Employe					
(A)	(B)				C)			(D)	(E)			(F)	
' Name and title	Average	(do		Pos heck		ገ e than	one	Reportable	Reportable			stimate	
	hours per week					is bo or/trus		\	compensation	1		nount	of
	(list any	-	T	Π	Г	Τ	Τ	from the	from related			other	tion
	hours for	or director	1			_	1		organizations (W-2/1099-MISC	,		pensa	
	related	5	ste			Sate	ł	(W·2/1099·MISC)	(** 2) 1000 111100	"		anızatı	_
	organizations	Individual trustee	Institutional trustee		88	шфе	l	(** ***********************************			_	d relat	
	below	gea	offer	b	Кеу етріоуев	est co	۾ ا				orga	anızatı	ons
	line)	횰	th	Officer	Key	Highest compensated employee	퉏						
(18) FRANK R. JIMENEZ	1.00		l										_
DIRECTOR		X	L	L.				0.		٥.			0.
(19) ROBERT E. JUCEAM	1.00	l			l								_
DIRECTOR	1-00	X	<u> </u>		<u> </u>	↓_	▙	0.		0.			0.
(20) EDWIN L. LEWIS	1.00	١.,								۱			^
DIRECTOR	1 00	X	⊢	_	L	-	⊢	0.		0.			0.
(21) ROBERT A. LONERGAN	1.00	Į "					l			۱			^
DIRECTOR	1 00	X	<u> </u>		_	-	_	0.		0.		-	0.
(22) VINCENT A. MAFFEO	1.00		l				Ì			ا ۸			^
RESIGNED 10/1/13	1 00	X		_	-	-	_	0.		<u>0 .</u>			0.
(23) FRANK H. MENAKER, JR.	1.00						ŀ			۱			^
DIRECTOR	1.00	X	<u> </u>	_	-	+	<u> </u>	0.		<u>0 - </u>			0.
(24) NICOLAS MORGAN	1.00	X						0.		٥.			٥
DIRECTOR (25) GREGORY J. MORROW	1.00	^	 	├	 	\vdash	╁	· · · · · · · · · · · · · · · · · · ·		씍			0.
DIRECTOR	1.00	x						0.		ا. ہ			0.
(26) ERNEST T. PATRIKIS	1.00	^	-	├-	-	+	⊢	· · · · · · · · · · · · · · · · · · ·		쒸			.
DIRECTOR	1.00	x						0.		ا. ہ			0.
	L	Λ		L	L	l	Ļ	87,600.		ö:1		2,1	
1b Sub-total	U Castina A							179,326.		ö:		$\frac{2}{2}, \frac{1}{2}$	
c Total from continuation sheets to Part VI	ii, Section A							266,926.		0.		4,3	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	ot limited to th		liete	d a	how	ابد اه	bo i	'				1,5	
compensation from the organization	or infinted to th	1030	11310	Jula	0000	C) W	1101	received more than \$100	,000 of reportable				1
componed for non-the organization									•			Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e. ke	v er	olan	ovee	. or	highest compensated e	mplovee on	Γ	\neg		
line 1a? If "Yes," complete Schedule J for s				•		,		3	,		3		X
4 For any individual listed on line 1a, is the su			gmo	ensa	atior	n and	d ot	ther compensation from	the organization			x 2	
and related organizations greater than \$150	-							·	. J		4	X	1
5 Did any person listed on line 1a receive or a									dual for services	Ī	\neg		
rendered to the organization? If "Yes," com								-			5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors	that received more than	\$100,000 of comp	ensa	ation f	irom	
the organization Report compensation for	the calendar y	ear	endı	ng v	vrth	or w	/ithi	in the organization's tax	year.				
(A)								(B)	i		(C		
Name and business	address	N	INC	<u> </u>				Description of s	ervices	C	ompe	nsatio	n
	<u> </u>												
			٠	-					—·	—			
2 Total number of independent contractors (i	noludina but a	ot II	mıto	d +c	the	ee II	ete	d above) who recover =	ore than	—			
\$100,000 of compensation from the organic		ot II		u 10		0 0	310	a above, who received it	IOI B II IAI I				
SEE DART VIT SECTION		ודיו	TT 1 2	. باب د			ĊП	FFTC				000 /	2040

[Fai		Check if Schedule O con		or note to any lin	ne in this Part VIII			
	•	Officer in Generalis & Con-	tains a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
ē ā	b	Membership dues	1b					
A A	c	Fundraising events	1c	43,240.				
直	d	Related organizations	1d					
Ş.E	е	Government grants (contribute	tions) 1e				:	
	f	All other contributions, gifts, gran	nts, and					
혈취		similar amounts not included abo	ove 1f	326,882.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f \$					
<u>0 =</u>	h	Total. Add lines 1a-1f			370,122.			
- 1				Business Code				
ğ	2 a				-			
E e	b							
E S	C						<u> </u>	
Reg	d						 	<u> </u>
Program Service Revenue	e	All other program converses						
	١ ~	All other program service reverse Total. Add lines 2a-2f	enue		-			
$\overline{}$	<u>9</u> 3	Investment income (including	dividends inter	est and				
		other similar amounts)	dividende, inter-	ost, and ►	399.			399.
	4	Income from investment of ta	x-exempt bond r	proceeds				
	5	Royalties		>				
1		•	(i) Real	(ii) Personal	*			
	6 a	Gross rents				5		
- 1	b	Less rental expenses					`	
	Ç	Rental income or (loss)			*		, *, .	* *
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Secunties	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses			-			
		Gain or (loss)		L	A	- 1 6000 0000 0000 0000	w	
	_	Net gain or (loss)		>				
en l	8 a		g events (not 240 • of		` '	,		
Ş					,		3.4	^
æ		contributions reported on line Part IV, line 18	a (c). See	36,175.		•		
Other Reve	h	Less: direct expenses	a b	65,283.				S. 3
Ö		Net income or (loss) from fund	_	D	-29,108.		A MANNA MAN AN AN ANY	-29,108.
		Gross income from gaming ac	-				**	`~*!\
		Part IV, line 19	а					, ~,
İ	b	Less: direct expenses	b					
	С	Net income or (loss) from gan	ning activities				•	•
	10 a	Gross sales of inventory, less	returns					
		and allowances	а		1			
	b	Less cost of goods sold	b		, ,		de soles for completence spe	
L	С	Net income or (loss) from sale	s of inventory	•				
L		Miscellaneous Revenu	16	Business Code		-		<u>.</u>
	11 a							
	b							
	C	All allegation						
	đ	All other revenue Total. Add lines 11a-11d						
.	е 12	Total revenue. See instructions.			341,413.	0.	0.	-28,709.
332009 10-29-1		. 5.2.1.0.00.000 1130 0000113.			0-1/2100		<u> </u>	Form 990 (2013)

23-2022920 Page 10 ATLANTIC LEGAL FOUNDATION Form 990 (2013) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D)** Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 271,320. 203,490. 32,558 35,272. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 40.276. 4.833. 30,207. 5,236. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 80 106 13. 13. 9 Other employee benefits 20,797. 15,598. 2.496. 2.703. 10 Payroll taxes Fees for services (non-employees) Management 8,068. 8,068. b Legal 14,300. 14.300. C Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 27,647. 783. 25,658. 1,206. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 28,246. 11,289. 11,332. 5,625. 13 Office expenses 7,661. 7,110. 217. 334. Information technology 14 15 Royalties 44,158. 33,118 5,299. 5,741. 16 Occupancy 1,692. 5,513. 2,615. 1,206. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,473. 1,203 5,305 965. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 8.043. 7,186 857.

STATE REGISTRATION FEES d

Other expenses. Itemize expenses not covered

MISCELLANEOUS

above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)

Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

If following SOP 98-2 (ASC 958-720)

332010 10-29-13

23

24

Insurance

1,541.

66,035.

486.

3,898

1,228

488,734.

e All other expenses

Check here

313,921.

51

16.

2,306.

108,778.

726

Ра	rt X	Balance Sneet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
	•			(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		19,991.	_1_	16,748.
	2	Savings and temporary cash investments		309,110.	2	153,883.
	3	Pledges and grants receivable, net	<u> </u>	21,000.	3	1,750.
	4	Accounts receivable, net		137.	4	280.
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensations	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sections	e to the total to the total to the total total to the total total total total total total total total total to		n A non	
ţ		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	1		7	
⋖	8	Inventories for sale or use	<u> </u>		8	
	9	Prepaid expenses and deferred charges		15,323.	9	6,155.
	10a	Land, buildings, and equipment cost or other				
	1	basis Complete Part VI of Schedule D	10a	characteristic control of the co		
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securties See Part IV, line	l1		12	
	13	Investments - program-related. See Part IV, line	11 _		13	
	14	Intangible assets	<u> </u>		14	
	15	Other assets See Part IV, line 11	<u> </u>	8,030.	15	8,030.
	16	Total assets. Add lines 1 through 15 (must equ	at line 34)	373,591.	16	186,846.
	17	Accounts payable and accrued expenses	<u> </u>	26,950.	17	30,766.
	18	Grants payable	12 012	18		
	19	Deferred revenue	-	43,240.	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete I	-	·	21	
ies	22	Loans and other payables to current and former	· · · · · ·			* .
ij		key employees, highest compensated employee	es, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	<u> </u>		22	· · · · · · · · · · · · · · · · · · ·
_	23	Secured mortgages and notes payable to unrela	' I-		23	
	24	Unsecured notes and loans payable to unrelate	·		24	
	25	Other liabilities (including federal income tax, pa	•			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D	ŀ	70,190.	25	30 766
	26	Total liabilities. Add lines 17 through 25		70,130.	26	30,766.
		Organizations that follow SFAS 117 (ASC 958				,
Š		complete lines 27 through 29, and lines 33 and	a 34.	287,651.		135,038.
lan	27	Unrestricted net assets	-	15,750.	27	21,042.
83	28	Temporarily restricted net assets	-	15,750.	28	21,042.
Net Assets or Fund Balances	29	Permanently restricted net assets	SC 059) aback to > []	-	29	
Ē]	Organizations that do not follow SFAS 117 (A	SC 938), Check nere ►			
Š.	200	and complete lines 30 through 34.		The second section of the section of t		
set	30	Capital stock or trust principal, or current funds			30	
¥ As	31	Paid-in or capital surplus, or land, building, or eq	· ·		31	
Net	32	Retained earnings, endowment, accumulated in	come, or other funds	303,401.	32	156 000
-	33	Total habition and not consts (fund balances	ŀ	373,591.	33	156,080. 186,846.
	34	Total liabilities and net assets/fund balances		3/3,331.	34	50m 990 (2012)

Form **990** (2013)

Form 990 (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

ZU 13

Employer identification number

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

Open to Public Inspection

			C LEGAL FOUN						4	3-2022	720			
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	ructions.						
The orga	nization is not	a private foundation	because it is (For lines	1 through	11, check	only one b	ox.)							
1 🗀	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)	١.						
2 🗀	A school des	cribed in section 17	' 0(b)(1)(A)(ii). (Attach Sc	hedule E.)										
з 🗀	A hospital or	a cooperative hospi	tal service organization (described	ın section	170(b)(1)	(A)(iii).							
4	A medical re	search organization o	operated in conjunction	with a hos	prtal desc	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	's nan	ne,		
	city, and stat	te:										_		
5 🗔	An organizat	on operated for the	benefit of a college or ui	niversity o	wned or or	perated by	a governi	mental uni	t descnt	ped in				
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)											
6	A federal, sta	ate, or local governm	ent or governmental unr	t describe	d in sectio	n 170(b)(1	I)(A)(v).							
7 X		-	eives a substantial part					or from the	general	public desc	nbed	ın		
	section 170	section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8 🗀	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
9 🗀			eives (1) more than 33			rom contri	butions, m	nembershi	p fees, a	ind gross re	ceipts	from		
	activities rela	ited to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	suppor	t from gross	inves	tment		
	income and	unrelated business to	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 3	JO, 19	75.		
	See section	509(a)(2). (Complete	Part III)		•			_						
10 🗀	An organizat	on organized and or	perated exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	1).						
11 🗀	An organizat	on organized and or	perated exclusively for th	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes o	of one	or		
	-	-	itions described in secti											
			organization and compl					-						
	а 🔲 Туре	ı b 🗔 Ty	pell c T	ype III - Fu	nctionally	integrated	d	I 🗀 Тур	e III - No	n-functional	y inte	grated		
e 🗀	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons oth	er tha	an		
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	itions desc	onbed in s	ection 509	a)(1) or	section 509)(a)(2).			
f		=	ten determination from t											
	-	rganization, check th			-		•							
g		_	rganization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?					
•	-		rectly controls, either al			-				<i>i</i> ,	Yes	No		
	the gov	erning body of the su	upported organization?	_						11g(i)				
	(ii) A family	member of a persor	described in (i) above?	,						11g(ii)				
	(iii) A 35%	controlled entity of a	person described in (i) o	or (ii) abov	e?					11g(iii)	1——			
h		•	about the supported or											
		Ū		•										
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did you	notify the	(vi) Is	the	(vii) Amoun	of mo	netary		
• •	janization	(,	(described on lines 1-9	in col. (i) la		organizat		organizátic (i) organiz	on in col. ed in the	1	port			
				governing	document?	(i) of your	support?	U.S	.?					
			(see instructions))	Yes	No	Yes	No	Yes	No	1				
									1					
										· · · · · · · · · · · · · · · · · · ·				
								1						
		ĺ		ĺ					i	ĺ				
				1					i					
				T										
				1										
								<u> </u>	<u> </u>	·				
Total		1												
	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (For	m 990 or 99	0-EZ	2013		

332021 09-25-13

Form 990 or 990-EZ.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	426 247	276 224	CEO 000	442 015	270 122	0.054.505
	include any "unusual grants")	426,247.	376,224.	658,989.	443,015.	370,122.	2,274,597.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3	426,247.	376,224.	658,989.	443,015.	370,122.	2,274,597.
	The portion of total contributions	120,21,1	37072210	03073031	113/0130	37072221	
9	by each person (other than a				Ý	ř	
	governmental unit or publicly						
	supported organization) included				·		
	on line 1 that exceeds 2% of the	}					
	amount shown on line 11,					٠.	
	column (f)	,				*	536,440.
6	Public support. Subtract line 5 from line 4						1,738,157.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009 426, 247.	(b) 2010	(c) 2011 658, 989.	(d) 2012 443, 015.	(e) 2013	(f) Total
7	Amounts from line 4	426,247.	376,224.	658,989.	443,015.	370,122.	2,274,597.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	44 252	404	506		200	40 405
	and income from similar sources	11,350.	484.	526.	668.	399.	13,427.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				~		
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part IV) Total support. Add lines 7 through 10		, tu	••,	9	,	2,288,024.
	Gross receipts from related activities,	etc (see instruction		x	·	12	97,523.
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	y vear as a sectio		37,3434
	organization, check this box and stor	-	, mot, 0000ma, time	a, routin, or mar to	on your as a soons	11 00 1(0)(0)	▶□
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2013 (line 6, column (f) d	vided by line 11, c	olumn (f))	· -	14	75.97 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	74.60 %
16a	33 1/3% support test - 2013. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2012. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	_					•
	and if the organization meets the "fac			•		t IV how the organ	ization
-	meets the "facts-and-circumstances"	_	•		•		▶∟
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				•		,
10	organization meets the "facts-and-circ		-	•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 100, 1/a, or 1/t			
					Sone	dule A (Form 990	UI 99U-EZ) 2013

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				1		
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that		 				
•	are not an unrelated trade or bus-		·				
	iness under section 513			ļ.			
4	Tax revenues levied for the organ-	-					
7	ization's benefit and either paid to					1	
	or expended on its behalf						
5	The value of services or facilities			-		-	
3	furnished by a governmental unit to			,			
	the organization without charge					l l	
_						 	
	Total. Add lines 1 through 5		 	 		 	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received			 		- -	
•	from other than disqualified persons that				:		
	exceed the greater of \$5,000 or 1% of the			ļ		Í	
	amount on line 13 for the year			-			
	Add lines 7a and 7b			ļ		+	
	Public support (Subtract line 7c from line 6.) ction B. Total Support		<u> </u>	لــــــــــــــــــــــــــــــــــــ	<u> </u>		
_			1 " 1 2 2 4 2	1 1 2024	1 0000	T () 0040	(0.7.1.1
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6			<u> </u>	 	 	
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses		1				
	acquired after June 30, 1975			ļ			
	Add lines 10a and 10b			<u> </u>	<u> </u>		
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is					1	
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)		l		<u> </u>	1	L
14	First five years. If the Form 990 is for	the organization'	s fırst, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here				 	<u></u>	
<u>Se</u>	ction C. Computation of Publ	c Support Pe	rcentage			 	
15	Public support percentage for 2013 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2012					16	<u>%</u>
Se	ction D. Computation of Inves	tment Incom	e Percentage	,			
17	Investment income percentage for 20	13 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	
18	Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	%
198	a 33 1/3% support tests - 2013. If the	organizatıon dıd r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
t	33 1/3% support tests - 2012. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anızatıon qualıfıes	as a publicly supp	ported organization	▶Щ
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	nstructions	<u> </u>
					_		

Schedule A	(Form 990 or 990-EZ) 2013 ATLANTIC LEGAL FOUNDATION	23-2022920 Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	
<u> </u>	Also complete this part for any additional information. (See instructions).	
		
		
		
		
		· · · · · · · · · · · · · · · · · · ·
		
		

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ATLANTIC LEGAL FOUNDATION

Employer identification number 23-2022920

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	education) Preservation of an hi	storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	L Yes L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year > \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
_	conservation easements		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ablic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

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Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

(a) Description of security or category (including name of security)	(b) Book value	ne 11b. See Form 990, F	aluation: Cost or end	d-of-year market	value
(1) Financial derivatives	(5) 50011 14140	(0)			
(2) Closely-held equity interests					
(3) Other	-				
(A)	 				
(B)			· · · · · · · · · · · · · · · · · · ·		
(C)	 			· · · · ·	
(D)					
(E)		<u> </u>		······································	
(F)					
(G)		-			
(H)	·				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"	to Form 990, Part IV, III	ne 11c. See Form 990, F	Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end	d-of-year market	value
(1)					
(2)					
(3)					
(4)					
(5)			···		
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	<u> </u>	*			78"
Part IX Other Assets.	-				`x*
Part IX Other Assets. Complete if the organization answered "Yes"			Part X, line 15.		
Part IX Other Assets. Complete if the organization answered "Yes" (a) I	to Form 990, Part IV, In Description		Part X, line 15.	(b) Book v	
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1)			Part X, line 15.	(b) Book v	
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2)			Part X, line 15.	(b) Book v	
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3)			Part X, line 15.	(b) Book v	
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)			Part X, line 15.	(b) Book v	
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5)			Part X, line 15.	(b) Book v	
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6)			Part X, line 15.	(b) Book v	
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7)			Part X, line 15.	(b) Book v	
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8)			Part X, line 15.	(b) Book v	
Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1)	Description		Part X, line 15.	(b) Book v	
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line	Description		Part X, line 15.	(b) Book v	
Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) lines Part X Other Liabilities.	Description	ne 11d See Form 990, F			
Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description	ne 11d See Form 990, F			
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) lines Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description	ne 11d See Form 990, F	990, Part X, line 25.		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) lines Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description	ne 11d See Form 990, F			
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description	ne 11d See Form 990, F	990, Part X, line 25.		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) lines Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description	ne 11d See Form 990, F	990, Part X, line 25.		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	ne 11d See Form 990, F	990, Part X, line 25.		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	ne 11d See Form 990, F	990, Part X, line 25.		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	ne 11d See Form 990, F	990, Part X, line 25.		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	ne 11d See Form 990, F	990, Part X, line 25.		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description	ne 11d See Form 990, F	990, Part X, line 25.		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description 9 15) to Form 990, Part IV, lin	ne 11d See Form 990, F	990, Part X, line 25.		

Schedule D (Form 990) 2013

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2013

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form.990.

Name of the organization

Employer identification number

ATLANTI	C LEGAL FOUNDATION	<u> </u>			23-2022	920		
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part								
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundralser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization		
	_	Yes	No					
otal			•					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								
 								
						-•·		
	·				····			

332081 09-12-13

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Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 ATLANTIC LEGAL FOUNDATION 23-2022920 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (c) Other events (a) Event #1 (b) Event #2 (d) Total events NONE ANNUAL AWARD (add col (a) through DINNER col. (c)) (total number) (event type) (event type) 79,415. 79,415 Gross receipts 43,240 43,240. 2 Less: Contributions 36,175. 36,175 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 9,495. 9,495. Rent/facility costs 45,626. 45,626. Food and beverages 8 Entertainment 10,162. 10,162. Other direct expenses 65,283. 10 Direct expense summary. Add lines 4 through 9 in column (d) -29,108. 11 Net income summary Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Direct Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor Nο Nο 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities. a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

Schedule G (Form 990 or 990-EZ) 2013

b If "Yes," explain:

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013 ATLANTIC LEGAL FOUNDATION	23-2022920 Page 3
11 Does the organization operate gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity operated in:	1 1
a The organization's facility	13a %
b An outside facility	13b %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	
THE ETTER THE HAITE and address of the person who prepares the organization 5 gaming special oronto bosho and root	3.00.
Name ▶	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the am	ount
of gaming revenue retained by the third party > \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name ▶	
Gaming manager compensation ▶ \$	
Description of services provided ▶	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the
organization's own exempt activities during the tax year > \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and	Part III, lines 9, 9b, 10b, 15b,
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruc	ctions).
332083 09-12-13 Schedul	e G (Form 990 or 990-EZ) 2013

Schedule G (Fo	orm 990 or 990-EZ)	ATLANTIC LEGAL FOUNDATION	23-2022920 Page 4
Part IV S	orm 990 or 990-EZ) upplemental info	rmation (continued)	<u> </u>
			
•			
	<u></u>		
			· · · · · · · · · · · · · · · · · · ·
 –	 – . .		
-			
			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.us.gov/form990

2013

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

ation
ATLANTIC LEGAL FOUNDATION

Employer identification number 23 – 2022920

Pa	art I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any	y of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any re	elevant information regarding these items.			İ
	First-class or charter travel	Housing allowance or residence for personal use	-		
	Travel for companions	Payments for business use of personal residence	1		
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees	-		
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organizatio	on follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described a	above? If "No," complete Part III to explain	1b]
2	Did the organization require substantiation prior to reimbursing	g or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, re	egarding the items checked in line 1a?	2	<u> </u>	
3	Indicate which, if any, of the following the filing organization us	sed to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check ar	ny boxes for methods used by a related organization to			ĺ
	establish compensation of the CEO/Executive Director, but ex	kplain in Part III			
	Compensation committee	Wntten employment contract	1 1		
	Independent compensation consultant	X Compensation survey or study		1	
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Se	ection A, line 1a, with respect to the filing			
	organization or a related organization		_	- 3	4
а	Receive a severance payment or change-of-control payment?		4a		Ϋ́X
b	Participate in, or receive payment from, a supplemental nonqu	ualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based comp	pensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III		* /,	
	Only section 501(c)(3) and 501(c)(4) organizations must con	mplete lines 5-9.		, ,	,
5	For persons listed in Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensation			
	contingent on the revenues of:				
а	The organization?		5a		Х
b	Any related organization?		5b	L	Х
	If "Yes" to line 5a or 5b, describe in Part III.			٠	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensation			
	contingent on the net earnings of				<u></u>
	The organization?		6a		X
b	Any related organization?		6b	<u> </u>	X
_	If "Yes" to line 6a or 6b, describe in Part III.		1	,	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did	I the organization provide any non-fixed payments			
_	not described in lines 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts reported in Form 990, Part VII, paid or acci	·			77
_	initial contract exception described in Regulations section 53.		8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable	le presumption procedure described in			
	Regulations section 53.4958-6(c)?		9		l

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation				(D) Nontaxable		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(1) MARTIN S. KAUFMAN	(i)	151,326.	0.	0.	0.	2,142.	153,468.	0.
SR VP, GEN.COUNSEL & ASST.TREASURER		0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)					×		
	(i)							
***************************************	(ii)							
	(i)		<u> </u>					
	(ii)							
	(i)							
	(ii)							
	(i)						<u> </u>	
	(ii)							
	(i) (ii)							-
	(i)						1	
	(ii)						"	
	(i)							
	(ii)		-					
	(i)							
	(ii)							
- · ·	(i)							
	(ii)							
	(i)					,		ļ
	(ii)							
	(i)							
	(ii)				1			1
	(i)						· · · · · · · · · · · · · · · · · · ·	-
	(ii)				1			
	(i)							
	(ii)				 			
	(i) (ii)							
	WY.				<u> </u>		<u> </u>	<u> </u>

Schedule J (Form 990) 2013	ATLANTIC LEGAL FOUNDATIO	N		23-2022920	Page 3
Part III Supplemental Information	on .	, , , <u>, , , , , , , , , , , , , , , , </u>			
	, or descriptions required for Part I, lines 1a, 1b, 3,	4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, a	nd 8, and for Part II Also com	plete this part for any additional informat	tion
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Inspection

Employer identification number Name of the organization 23-2022920 ATLANTIC LEGAL FOUNDATION FORM 990, PART I, DOING BUSINESS AS: ATLANTIC LEGAL FOUNDATION, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AND EFFICIENT GOVERNMENT; FREE ENTERPRISE; INDIVIDUAL LIBERTY; SCHOOL CHOICE; AND SOUND SCIENCE. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE EXECUTIVE APPOINTMENT POWER: NLRB V. NOEL CANNING IN JANUARY, 2013, A UNANIMOUS THREE-JUDGE PANEL OF THE D.C. CIRCUIT FOUND PRESIDENT OBAMA'S "RECESS APPOINTMENTS" TO BE CONSTITUTIONALLY INVALID FOR TWO REASONS: FIRST, THE APPOINTMENTS WERE NOT MADE DURING "THE RECESS" AS THAT TERM IS USED IN THE RECESS APPOINTMENTS CLAUSE; SECOND, THE VACANCIES FILLED BY THE PRESIDENT DID NOT "HAPPEN" DURING "THE RECESS" OF THE SENATE. USUALLY, SENIOR OFFICERS OF THE UNITED STATES AND CERTAIN INDEPENDENT AGENCY MEMBERS, SUCH AS NLRB BOARD MEMBERS, ARE NOMINATED BY THE PRESIDENT AND THEN APPOINTED WITH THE "ADVICE AND CONSENT" OF THE SENATE. U.S. CONST. ART. II, SECTION 2, CL. 2. THE CONSTITUTION'S RECESS APPOINTMENTS CLAUSE, HOWEVER, PROVIDES AN EXCEPTION TO THE GENERAL RULE AND ALLOWS THE PRESIDENT TO "FILL UP ALL

ON THE DATE OF THE PRESIDENT'S RECESS APPOINTMENTS TO THE NLRB, THE

COMMISSIONS WHICH SHALL EXPIRE AT THE END OF THEIR NEXT SESSION." ART.

VACANCIES THAT MAY HAPPEN DURING THE RECESS OF THE SENATE,

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Schedule O (Form 990 or 990-EZ) (2013)

BY GRANTING

II, SECTION 2, CL. 3.

SENATE WAS OPERATING PURSUANT TO A "UNANIMOUS CONSENT AGREEMENT," UNDER WHICH THE SENATE MET IN PRO FORMA SESSIONS EVERY THIRD BUSINESS DAY. UNDER THE 20TH AMENDMENT TO THE CONSTITUTION, "CONGRESS MUST ASSEMBLE AT LEAST ONCE IN EVERY YEAR, AND SUCH MEETING SHALL BEGIN AT NOON ON THE 3D DAY OF JANUARY " AMEND. XX, SECTION 2. ACCORDINGLY, IN ORDER TO FULFILL ITS CONSTITUTIONAL DUTY, THE SENATE OFFICIALLY CONVENED THE SECOND SESSION OF THE 112TH CONGRESS DURING THE JANUARY 3 PRO FORMA SESSION.

THE ISSUE BEFORE THE D.C. CIRCUIT WAS WHETHER THE RECESS APPOINTMENTS MADE THE NEXT DAY TOOK PLACE DURING "THE RECESS OF THE SENATE," AND THE COURT HELD THEY DID NOT BECAUSE "THE RECESS," AS USED IN THE RECESS APPOINTMENTS CLAUSE, IS LIMITED TO INTERSESSION RECESSES, THAT IS, THE TIME PERIOD BETWEEN ONE SESSION OF THE SENATE AND THE NEXT WHEN THE SENATE IS UNAVAILABLE TO ACT UPON NOMINATIONS FROM THE PRESIDENT. THE RECESS APPOINTMENTS TOOK PLACE NOT DURING AN INTERSESSION RECESS, BUT WHILE THE SENATE WAS HOLDING PRO FORMA SESSIONS AND AFTER THE SECOND SESSION OF THE 112TH CONGRESS WAS CONVENED.

THE D.C. CIRCUIT ALSO CONSIDERED AN ALTERNATIVE BASIS FOR ITS CONCLUSION THAT THE RECESS APPOINTMENTS WERE UNCONSTITUTIONAL, HOLDING THAT THE CLAUSE ONLY APPLIES TO VACANCIES THAT ACTUALLY ARISE DURING THE SENATE'S RECESS, AND NOT TO VACANCIES THAT HAPPEN TO EXIST AT THE TIME THE RECESS BEGINS.

THE NLRB APPEALED THE D.C. CIRCUIT'S RULING TO THE U.S. SUPREME COURT.

THE NOEL CANNING CASE RAISES IMPORTANT AND FUNDAMENTAL ISSUES OF

ATLANTIC LEGAL FOUNDATION

SEPARATION OF POWERS, AND THE STRUCTURE OF GOVERNMENT. THE PUBLIC

BENEFITS WHEN THESE ISSUES ARE EXAMINED AT THE HIGHEST JUDICIAL LEVEL.

THE FOUNDATION'S AMICUS BRIEF IN THE U.S. SUPREME COURT IN SUPPORT OF NOEL CANNING ARGUES THAT THE D.C. CIRCUIT WAS CORRECT IN BOTH OF ITS HOLDINGS.

FORM 990, PART III, LINE 4A CONT'

PERSONAL JURISDICTION OVER FOREIGN CORPORATIONS:

DAIMLERCHRYSLER V. BAUMAN

THIS APPEAL IN THE SUPREME COURT ARISES FROM ALLEGATIONS BY ARGENTINE
RESIDENTS THAT DAIMLERCHRYSLER'S ARGENTINE SUBSIDIARY AIDED THE
ARGENTINE MILITARY JUNTA IN COMMITTING HUMAN-RIGHTS ABUSES FROM

1976-1983. THE PLAINTIFFS SUED DAIMLERCHRYSLER, THE GERMAN PARENT

COMPANY, IN FEDERAL DISTRICT COURT IN CALIFORNIA. THE DISTRICT COURT

CONCLUDED IT DID NOT HAVE JURISDICTION OVER THE GERMAN CORPORATION AND

DISMISSED THE CASE.

THE NINTH CIRCUIT COURT OF APPEALS REVERSED AND HELD THAT CALIFORNIA

HAD "GENERAL JURISDICTION" OVER DAIMLER, A GERMAN CORPORATION WITH NO

FACILITIES OR PERSONNEL IN THE UNITED STATES. THE APPEALS COURT RULED

THAT THERE WERE SUFFICIENT CONTACTS WITH CALIFORNIA BECAUSE A U.S.

SUBSIDIARY OF DAIMLER SELLS VEHICLES MADE BY DAIMLER IN GERMANY IN

CALIFORNIA.

IN OUR AMICUS BRIEF IN SUPPORT OF DAIMLER, WE ARGUED THAT THE NINTH

CIRCUIT'S "AGENCY" TEST VIOLATED THE DUE PROCESS CLAUSE.

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Schedule O (Form 990 or 990-EZ) (2013)

Page 2 Schedule O (Form 990 or 990-EZ) (2013) Employer identification number Name of the organization 23-2022920 ATLANTIC LEGAL FOUNDATION ENSURING APPROPRIATE LIMITS ON THE EXERCISE OF JURISDICTION IN U.S. COURTS IN CASES WITH NO IMPACT ON THE UNITED STATES AND ITS CITIZENS IS A BENEFIT TO THE PUBLIC GENERALLY. COMPULSORY UNION SUPPORT: HARRIS V. QUINN IN 2003, ILLINOIS UNIONIZED HOME HEALTHCARE WORKERS AND GAVE A UNION THE RIGHT TO COLLECT COMPULSORY FEES FROM THE WORKERS' PAYCHECKS. THIS, WE ARGUE IN A BRIEF FILED JOINTLY WITH THE CENTER FOR CONSTITUTIONAL JURISPRUDENCE AND THE PACIFIC LEGAL FOUNDATION IN THE U. S. SUPREME COURT, INFRINGES HOME HEALTHCARE WORKERS' FIRST AMENDMENT RIGHT OF ASSOCIATION AND THE RIGHT TO PETITION THE GOVERNMENT. PAMELA HARRIS AND OTHERS PROVIDE IN-HOME CARE TO DISABLED INDIVIDUALS THROUGH MEDICAID-WAIVER PROGRAMS RUN BY ILLINOIS. THEIR PAY IS REIMBURSED BY MEDICAID (THROUGH THE STATE OF ILLINOIS). THE HOME HEALTHCARE PROVIDERS CLAIMED THAT THE "FAIR SHARE" PROVISION OF THEIR COLLECTIVE BARGAINING AGREEMENT WHICH ARE NOT ALLOCATED FOR POLITICAL PURPOSES, VIOLATED THE FIRST AMENDMENT BY COMPELLING PAYMENT TO SUPPORT COLLECTIVE BARGAINING. THE SEVENTH CIRCUIT HELD THAT HOME HEALTHCARE PROVIDERS WERE STATE EMPLOYEES WHO MAY BE COMPELLED TO SUPPORT LEGITIMATE, NON-IDEOLOGICAL, UNION ACTIVITIES GERMANE TO COLLECTIVE-BARGAINING REPRESENTATION.

WE ARGUE THAT THE DISABLED PERSON PAYS THE HEALTHCARE WORKER THROUGH A MEDICAID DISBURSEMENT, AND CONTROLS EVERY CRUCIAL ASPECT OF THE

EMPLOYMENT RELATIONSHIP, INCLUDING HIRING AND FIRING. THE ILLINOIS LAW 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013) Employer identification number Name of the organization 23-2022920 ATLANTIC LEGAL FOUNDATION ONLY ALLOWS COLLECTIVE BARGAINING FOR HIGHER WAGES AND BENEFITS AND IS ONLY ABOUT PETITIONING THE GOVERNMENT FOR HIGHER WAGES AND BENEFITS, AND DOES NOT ADDRESS WORKPLACE CONDITIONS AT ALL. PRESERVING THE INDIVIDUAL'S RIGHT OF EXPRESSION AND ASSOCIATION IS A BENEFIT TO THE PUBLIC GENERALLY. FORM 990, PART III, LINE 4A CONT' EXPANSION OF DOMESTIC GOVERNMENT JURISDICTION THROUGH USE OF THE TREATY POWER: BOND V. UNITED STATES THE FOUNDATION, TOGETHER WITH THE CATO INSTITUTE AND THE CLAREMONT INSTITUTE, FILED A BRIEF IN THE SUPREME COURT IN AN IMPORTANT CASE ON CONGRESS'S TREATY POWERS. THE THIRD CIRCUIT HELD THAT BOND'S CONSTITUTIONAL CHALLENGE TO HER CONVICTION WAS NOT WELL-FOUNDED BECAUSE THE BASIC LIMITS ON THE FEDERAL GOVERNMENT'S POWER ARE NOT "APPLICABLE" TO STATUTES THAT IMPLEMENT A VALID TREATY. THE THIRD CIRCUIT VIEWED THIS RESULT AS COMPELLED BY MISSOURI V. HOLLAND (1920). IN OUR BRIEF, WE STRESSED THAT HOLLAND IGNORES THE FUNDAMENTAL STRUCTURE OF THE CONSTITUTION, THAT THE BASIC SCHEME OF ENUMERATED POWERS PROVIDES CONGRESS WITH A LIMITED SET OF POWERS, AND THE TENTH AMENDMENT LIMITS CONGRESS TO THOSE ENUMERATED POWERS.

ENSURING THAT THE LEGISLATURE HAS THE SOLE POWER TO INITIATE AND ENACT LEGISLATION IS A BENEFIT TO THE PUBLIC GENERALLY.

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Schedule O (Form 990 or 990-EZ) (2013) **Employer identification number** Name of the organization ATLANTIC LEGAL FOUNDATION 23-2022920 TAKINGS - INTANGIBLE INTERESTS IN REAL PROPERTY: MARINER'S COVE TOWNHOUSE ASSOCIATION V.UNITED STATES THE FOUNDATION URGED THE SUPREME COURT TO GRANT CERTIORARI IN A "TAKINGS" CASE WHEN THE GOVERNMENT REFUSED COMPENSATION FOR THE LOSS OF PERIODIC ASSESSMENTS OWED TO A TOWNHOUSE ASSOCIATION BY PROPERTY OWNERS WHOSE PARCELS WERE TAKEN BY THE FEDERAL GOVERNMENT FOR A FLOOD CONTROL PROJECT. MARINER'S COVE IS A "COMMON INTEREST DEVELOPMENT" IN LOUISIANA. UNDER THE HOMEOWNERS AGREEMENT, EACH OF THE HOMEOWNERS IS REQUIRED TO PAY PRO RATA ASSESSMENTS TO HELP FUND SUCH SERVICES AS MAINTENANCE, REPAIRS, AND THE OPERATION OF WATER AND SEWER SYSTEMS. THESE ASSESSMENT OBLIGATIONS ARE ASSUMED BY ANY SUBSEQUENT PURCHASERS OF HOMES WITHIN THE DEVELOPMENT. IN THE WAKE OF HURRICANE KATRINA, THE U.S. ARMY CORP OF ENGINEERS SEIZED FOURTEEN OF THE FIFTY-EIGHT LOTS THAT WERE A PART OF THE DEVELOPMENT TO FACILITATE ACCESS TO A PUMPING STATION. MARINER'S COVE ARGUED THAT THE TAKINGS CLAUSE OF THE FIFTH AMENDMENT REQUIRED THE GOVERNMENT TO COMPENSATE IT FOR THE LOSS OF THE PERIODIC ASSESSMENTS OWED BY EACH LOT OWNER AND THAT THE SEIZURE OF 25% OF THE LOTS IN THE DEVELOPMENT SEVERELY UNDERMINED ITS ASSESSMENT BASE. WE URGED THE SUPREME COURT TO GRANT CERTIORARI AND AFFIRM THAT THE

ENSURING THAT THE GOVERNMENT PROPERLY COMPENSATES PROPERTY OWNERS FOR THE TAKING OF PROPERTY IS A BENEFIT TO THE PUBLIC GENERALLY.

FIFTH AMENDMENT PROTECTS ALL PROPERTY INTERESTS.

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Schedule O (Form 990 or 990-EZ) (2013)

THE CASES ARISE OUT OF REQUESTS FOR INFORMATION BY EMPIRE CENTER,

PURSUANT TO NEW YORK'S FREEDOM OF INFORMATION LAW, FOR INFORMATION 332212 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

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Schedule O (Form 990 or 990-EZ) (2013)

MANUFACTURERS OF ANDROGEL(R) OINTMENT IS ANTICOMPETITIVE AND

INCONSISTENT WITH THE POLICY UNDERLYING THE DRUG PRICE COMPETITION AND

PATENT TERM RESTORATION ACT.

Employer identification number Name of the organization ATLANTIC LEGAL FOUNDATION 23-2022920 IN OUR AMICUS BRIEF ATLANTIC LEGAL STRESSED THE BROAD IMPLICATIONS OF THE "PER SE" RULE ADVOCATED BY THE FTC. WE ARGUED THAT ONE ESSENTIAL CHARACTERISTIC OF A PATENT IS THAT IT CREATES A LEGAL MONOPOLY, THAT SUCH MONOPOLIES ARE PROPERTY RIGHTS, AND ARE ESSENTIAL TO PROMOTING INNOVATION, THUS BENEFITTING THE PUBLIC GENERALLY. SOUND SCIENCE FAILURE TO ENSURE QUALITY OF DATA USED BY EPA: CHAMBER OF COMMERCE V. ENVIRONMENTAL PROTECTION AGENCY WE FILED AN AMICUS BRIEF IN SUPPORT OF THE PETITION OF CERTIORARI IN THE SUPREME COURT. WE ARGUED THAT EPA DISREGARDED PROCEDURAL DUE PROCESS REQUIREMENTS INTENDED TO ENSURE THE QUALITY OF AGENCY-DISSEMINATED THIRD-PARTY-DEVELOPED SCIENTIFIC DATA AND THAT THE D.C. CIRCUIT FAILED TO EXAMINE CAREFULLY WHETHER EPA'S EVALUATION OF DATA FROM EXTERNAL SOURCES UPON WHICH THE ADMINISTRATOR'S FINAL "ENDANGERMENT FINDINGS" PRIMARILY RELIED SATISFIED INFORMATION QUALITY ACT REQUIREMENTS AND AGENCY GUIDELINES. ENSURING THE OUALITY OF DATA USED BY THE EPA IS A BENEFIT TO THE PUBLIC GENERALLY. FORM 990, PART III, LINE 4A CONT' ADMISSIBILITY OF SOUND SCIENCE IN STATE COURT LITIGATION

Schedule O (Form 990 or 990-EZ) (2013) Page 2 **Employer identification number** Name of the organization 23-2022920 ATLANTIC LEGAL FOUNDATION ON BEHALF OF SIX PROMINENT SCIENTISTS, ONE A NOBEL PRIZE RECIPIENT, THE FOUNDATION FILED AN "AMICUS LETTER" URGING THE CALIFORNIA SUPREME COURT TO GRANT THE PETITION FOR REVIEW IN STRICKLAND V. UNION CARBIDE CORPORATION. MR. STRICKLAND WORKED IN CONSTRUCTION FOR MANY YEARS WITH WALL BOARD AND "JOINT COMPOUND" WHICH CONTAINED ASBESTOS; IN THE CASE OF UNION CARBIDE'S PRODUCT, IT WAS SOLELY THE CHRYSOTILE FORM OF ASBESTOS. WAS ALSO EXPOSED TO MANY OTHER ASBESTOS-CONTAINING PRODUCTS, INCLUDING SOME WHICH CONTAINED THE AMPHIBOLE FORM OF ASBESTOS. HE DIED OF PERITONEAL MESOTHELIOMA, A CANCER OF THE LINING OF THE CHEST CAVITY. PLAINTIFFS PRODUCED NO EVIDENCE TO SHOW HOW FREQUENTLY MR. STRICKLAND WAS EXPOSED TO UNION CARBIDE'S CHRYSOTILE PRODUCT. AS IS COMMON IN ASBESTOS CASES, THE PLAINTIFFS SUED MANY COMPANIES THAT MADE PRODUCTS CONTAINING VARIOUS TYPES OF ASBESTOS. AT ISSUE IS WHETHER PLAINTIFFS' EXPERT'S TESTIMONY THAT STRICKLAND® EXPOSURE TO A PURE FORM OF CHRYSOTILE ASBESTOS (NOT CONTAMINATED WITH AMPHIBOLES) THAT UNION CARBIDE MARKETED IN THE 1960'S AND 1970'S WAS A "SUBSTANTIAL CAUSE" OF STRICKLAND'S PERITONEAL MESOTHELIOMA. IN OUR AMICUS LETTER WE ARGUED THAT PLAINTIFF'S EXPERT'S CONCLUSION THAT CHRYSOTILE CAN CAUSE PERITONEAL MESOTHELIOMA HAS A NUMBER OF DEFECTS.

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Schedule O (Form 990 or 990-EZ) (2013)

ALSO IN THE CALIFORNIA SUPREME COURT, JOINED BY THE INTERNATIONAL

ASSOCIATION OF DEFENSE COUNSEL, WE URGED THE COURT IN TWO CASES (LIU V.

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Page 2 Schedule O (Form 990 or 990-EZ) (2013) Employer identification number Name of the organization 23-2022920 ATLANTIC LEGAL FOUNDATION SUPERIOR COURT AND GARRETT V. HOWMEDICA OSTEONICS) TO EXCLUDE AT THE SUMMARY JUDGMENT STAGE EXPERT EVIDENCE THAT WOULD BE EXCLUDED AT TRIAL. IN THE MARYLAND COURT OF APPEALS IN DIXON V. FORD MOTOR COMPANY, WE ARGUED THAT THERE IS NO SCIENTIFIC BASIS FOR THE THEORY ASSERTED BY THE PLAINTIFF'S CAUSATION EXPERT THAT "EVERY EXPOSURE [TO ASBESTOS] IS A SUBSTANTIAL CONTRIBUTING FACTOR" IN THE CAUSATION OF MESOTHELIOMA. ENSURING THE ADMISSIBILITY OF SOUND SCIENCE, AS OPPOSED TO "JUNK" SCIENCE, IN STATE COURT PROCEEDINGS IS A BENEFIT TO THE PUBLIC GENERALLY. STANDARDS OF LIABILITY IN PRODUCT LIABILITY CASES ATLANTIC LEGAL FILED A BRIEF IN THE PENNSYLVANIA SUPREME COURT IN TINCHER V. OMEGA FLEX, INC., A DESIGN DEFECT CASE. THE PENNSYLVANIA SUPREME COURT ASKED THE PARTIES (AND AMICI) FOR SUPPLEMENTAL BRIEFING ON TWO QUESTIONS: (1) WHETHER PENNSYLVANIA SHOULD REPLACE THE STRICT LIABILITY ANALYSIS OF SECTION 402A OF THE RESTATEMENT (SECOND) OF TORTS WITH THE ANALYSIS OF THE RESTATEMENT (THIRD) OF TORTS: PRODUCT LIABILITY, SECTION 2 AND (2) WHETHER THE HOLDING SHOULD BE APPLIED RETROACTIVELY. THE FOUNDATION ARGUED THAT PENNSYLVANIA SHOULD EXPLICITLY ADOPT RESTATEMENT (THIRD) OF TORTS: PRODUCTS LIABILITY. CLARIFYING

IN NONE OF THE ABOVE CASES WERE FEES SOUGHT OR RECEIVED. FOR FURTHER

APPLICABLE LEGAL STANDARDS IS A BENEFIT TO THE PUBLIC GENERALLY.

Schedule O (Form 990 or 990-EZ) (2013) **Employer identification number** Name of the organization 23-2022920 ATLANTIC LEGAL FOUNDATION INFORMATION WITH RESPECT TO THESE CASES, PLEASE SEE WWW.ATLANTICLEGAL.ORG.

FORM 990, PART VI, SECTION B, LINE 11: ATLANTIC LEGAL HAS ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE ITS FORM 990. THE DRAFT FORM 990, PREPARED BY THE OUTSIDE ACCOUNTING FIRM, WAS PROVIDED TO THE CHAIRMAN OF THE BOARD AND EACH DIRECTOR BY ELECTRONIC MAIL PRIOR TO FILING WITH THE IRS. EACH DIRECTOR WAS ASKED TO REVIEW THE DRAFT FORM 990 AND PROVIDE COMMENTS OR QUESTIONS. THE OFFICERS OF THE FOUNDATION AND THE FOUNDATION'S BOOKKEEPING CONSULTANT WERE IN FREQUENT COMMUNICATION WITH THE FOUNDATION'S OUTSIDE ACCOUNTANTS AND AUDITORS BY ELECTRONIC MAIL AND TELEPHONE TO PROVIDE INFORMATION, RAISE QUESTIONS AND PROVIDE COMMENTS ON THE FORM 990 PRIOR TO FILING WITH THE AFTER ALL QUESTIONS AND COMMENTS HAVE BEEN ADDRESSED, THE FINAL FORM 990 IS PREPARED AND SUBMITTED TO THE PRESIDENT OF THE FOUNDATION FOR HIS APPROVAL AND SIGNATURE. IT IS THEN PAPER-FILED WITH THE IRS.

THE FOUNDATION'S CONFLICT OF INTEREST POLICY IS SUBMITTED ANNUALLY TO EACH BOARD MEMBER, ADVISOR AND STAFF MEMBER FOR REVIEW AND SIGNATURE. IF IT IS DETERMINED THAT AN ACTUAL CONFLICT EXISTS, THE BOARD MEMBER, ADVISOR OR STAFF MEMBER WILL BE NOTIFIED AND THE MATTER WILL BE INVESTIGATED BY THE CHAIRMAN. NO BOARD MEMBER WILL BE ALLOWED TO VOTE OR

PARTICIPATE IN BOARD DISCUSSIONS ABOUT ANY MATTERS INVOLVING THE CONFLICT

FORM 990, PART VI, SECTION B, LINE 15:

FORM 990, PART VI, SECTION B, LINE 12C:

UNTIL IT IS RESOLVED.

THE EXECUTIVE COMMITTEE OF ATLANTIC LEGAL'S BOARD WITHOUT THE

PARTICIPATION OF THE PRESIDENT, DETERMINES THE COMPENSATION OF MEMBERS OF

THE SENIOR STAFF, I.E., THE PRESIDENT AND THE SENIOR VICE-PRESIDENTS. THE

EXECUTIVE COMMITTEE CONSIDERS COMPARABLE SALARIES OF OTHER EMPLOYERS OF

LAWYERS IN THE SAME GEOGRAPHICAL MARKET AND NATIONWIDE. THIS PROCESS WAS

LAST UNDERTAKEN IN 2012.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC

INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE

RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN

ADDITION, THE FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION, FORM 990,

FORM 1023, AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST OR BY

CALLING THE ORGANIZATION DIRECTLY.

FORM 990, PART VII, SECTION A

MR. WILLIAM H. SLATTERY WAS NOT PAID FOR BEING PART OF THE BOARD. HE WAS PAID FOR HIS JOB AS THE "PRESIDENT" OF THE ORGANIZATION.

FORM 990, PART XII, LINE 2C:

THE FOUNDATION IS GOVERNED BY A 30 MEMBER BOARD OF

DIRECTORS, 29 OF WHOM ARE INDEPENDENT DIRECTORS. THE INDEPENDENT

DIRECTORS SERVE WITHOUT COMPENSATION. THE BOARD ORDINARILY MEETS 3

TIMES A YEAR. BETWEEN BOARD MEETINGS, THE FOUNDATION IS DIRECTED BY AN

EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS, CONSISTING OF 10

DIRECTORS, 9 OF WHOM ARE INDEPENDENT DIRECTORS. THE 9 INDEPENDENT

MEMBERS OF THE EXECUTIVE COMMITTEE ALSO ACT AS THE AUDIT COMMITTEE,

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Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization ATLANTIC LEGAL FOUNDATION	Employer identification number 23-2022920
RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF FINANCIAL S	STATEMENTS AND
SELECTION OF AN INDEPENDENT OUTSIDE ACCOUNTANT/AUDITOR.	THIS PROCESS
HAS NOT CHANGED FROM THE PRIOR YEAR.	
	-
	

Form 990 ATLANTIC					_					
Part VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	yee	s, a	nd ŀ	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average				ition	l		Reportable	Reportable	Estimated
	hours	(cl	(check all that apply)					compensation	compensation from related	amount of
	per							from		other
	week	١.	ļ			e e		the	organizations	compensation
	(list any	ec fo				E E		organization	(W-2/1099-MISC)	from the
	hours for	or director				ated		(W-2/1099-MISC)		organization
	related	stea	fruste			pens				and related
	organizations	Individual trustee	Institutional trustee		Key employee	Highest compensated employee]		organizations
	below	μğ	ti di	Officer	y em	hest	Former			
	line)	프	Ë	5	ξ	₹	요			
(27) WILLIAM G.PRIMPS	1.00]						_	_	
DIRECTOR		X						0.	0.	0_
(28) THOMAS L. SAGER	1.00									
DIRECTOR		X					ľ	0.	0.	0
(29) PHILIP R. SELLINGER	1.00									
DIRECTOR		x						0.	0.	0
(30) JEFFREY S. SHERMAN	1.00	-	┢	\vdash	-	\vdash	\vdash			
DIRECTOR	1.00	x						0.	0.	0
(31) JAY B. STEPHENS	1.00		-	\vdash		-	┢	•	0.	
	1.00	x					1	0.	0.	0
DIRECTOR	1 00	_	_	\vdash			<u> </u>	0.	0.	<u> </u>
(32) CLIFFORD B. STORMS	1.00	۱					1			
DIRECTOR		X						0.	0.	0
(33) CHARLES R. WORK	1.00							_	_	_
DIRECTOR		Х						0.	0.	0
(34) MARTIN S. KAUFMAN	40.00									
SR VP, GEN.COUNSEL & ASST.TREASURER]		Х				151,326.	0.	2,142
(35) BRISCOE R. SMITH	20.00									· · · · · · · · · · · · · · · · · · ·
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Total to Part VII, Section A, line 1c								179,326.		2,252

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

 \blacktriangleright Information about Form 8868 and its instructions is at $_{www.irs.gov/form8868}$.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

ightharpoons

	u are filing for an Additional (Not Automatic) 3-Month Ex												
Do not	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	rm 8868.								
Electr	onic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tir	ne to file (6 months for a co	poration							
	d to file Form 990-T), or an additional (not automatic) 3-mo												
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain													
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form,													
	ww irs gov/efile and click on e-file for Charities & Nonprofits		•		J								
Part	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		submit original (no copies nee	eded).	<u> </u>								
A corp	oration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and	complete									
Part Id						▶ □							
All oth	er corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to reques	st an exter	ision of time								
	ncome tax returns		Enter filer's identifying number										
Туре с	Name of exempt organization or other filer, see instru	ctions.		Employer identification number (EIN) or									
print	, in the second			,									
p	ATLANTIC LEGAL FOUNDATION	23-2022920											
File by th	6 N	Social se	Social security number (SSN)										
due date iiling you	■ · · · · · · · · · · · · · · · · · · ·	Occiai se	social cocamy mamber (com)										
return Si instruction	See 2000 IMMINI III III III III III III III III												
	LARCHMONT, NY 10538												
	Intermedia, NI 10330												
F-44			to contraction for each veture)			01							
Enter t	he Return code for the return that this application is for (file	e a separa	te application for each return)										
		r <u> </u>	T										
Applic	ation	Return	Application			Return							
ls For		Code	Is For			Code							
	90 or Form 990-EZ	01	Form 990-T (corporation)		07								
Form 9	90-BL	02	Form 1041-A		08								
Form 4	720 (individual)	03	Form 4720 (other than individual)		09								
Form 9	90-PF	04	Form 5227		10								
Form 9	90-T (sec 401(a) or 408(a) trust)	05	Form 6069		11								
Form 9	90-T (trust other than above)	06	Form 8870		12								
	ROSEMARY L. WEI		"ACCOUNTANT"										
	books are in the care of ▶ 1537 EMERSON DI	RIVE	<u>- MOUNT JOY, PA 17</u>	552									
Tele	phone No. ► (717)653-5920		Fax No.										
• If th	e organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ □							
• If th	is is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) . I	f this is fo	r the whole group	, check this							
box 🕨													
	request an automatic 3-month (6 months for a corporation												
	AUGUST 15, 2014 , to file the exemp				The extension								
- 1	s for the organization's return for:												
	► X calendar year 2013 or												
í	tax year beginning , and ending .												
•		· , u.,			 ·								
2	f the tax year entered in line 1 is for less than 12 months, c	hack rase	on· Initial return	Final retur	n								
_ '	Change in accounting period	illock loas	on miliar return	i iiiai ietui	"								
20 1		or 6060	anter the testative tay loss only		· · · · · · · · · · · · · · · · · · ·								
_	· · · · · · · · · · · · · · · · · · ·	3a	3	0.									
	f this application is for Forms 990-PF, 990-T, 4720, or 6069			0.									
-	estimated tax payments made. Include any prior year overp	3b	\$	<u> </u>									
	Balance due. Subtract line 3b from line 3a. Include your pa			0									
	by using EFTPS (Electronic Federal Tax Payment System)	3c	\$	0.									
Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment													

Form 8868 (Rev 1-2014)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 323841 12-31-13